

EXHIBIT 2

Federal Communications Commission Washington, D.C. 20554	Approved by OMB 3060-0390 (April 2000)	FOR FCC USE ONLY CODE NO. B395B - 20001116AJV
BROADCAST STATION ANNUAL EMPLOYMENT REPORT		

SECTION I

Legal Name of the Licensee

TICHENOR LICENSE CORPORATION

Mailing Address

200 EAST BASSE ROAD

City

SAN ANTONIO

State or Country (if foreign
address)

TX

Zip Code

78209 - 8328

Telephone Number (include area code)

2108222828

E-Mail Address (if available)

Facility ID Number

40777

Call Sign

KBFM

SECTION II**A. TYPE OF
RESPONDENT:**

Commercial Broadcast Station

☒ Radio☐ TV☐ Low Power TV☐ International

Noncommercial Broadcast Station

☐ Educational Radio☐ Educational TV

Headquarters

☐ HQ

B. List call sign and location of all stations whose employees are on this report. This should include commonly owned stations which share one or more employees.

[Stations Locations]

Station List

List call sign and location of all stations those employees are on this report. This should include commonly owned stations which share one or more employees.

Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
✓ KGBT	67067	<input checked="" type="radio"/> AM <input type="radio"/> FM <input type="radio"/> TV	HARLINGEN, TX

Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
✓ KGBT	6662	<input type="radio"/> AM <input checked="" type="radio"/> FM <input type="radio"/> TV	MCALLEN, TX

Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
✓ KIWW	67072	<input type="radio"/> AM <input checked="" type="radio"/> FM <input type="radio"/> TV	HARLINGEN, TX

Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)

KTEX	64631	<input type="radio"/> AM <input checked="" type="radio"/> FM <input type="radio"/> TV	BROWNSVILLE, TX
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Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
KBFM	40777	<input type="radio"/> AM <input checked="" type="radio"/> FM <input type="radio"/> TV	EDINBURG, TX

SECTION III	
A. PAYROLL PERIOD COVERED BY THIS REPORT (DATE) 9/30/2000	
B. CHECK APPLICABLE BOX	
<input type="radio"/>	Fewer than five full-time employees in employment unit during the selected payroll period (Complete page one only and certification statement and return to FCC)
<input checked="" type="radio"/>	Five or more full-time employees in employment unit during the selected payroll period (Complete all sections of form and certification statement and return to FCC)

SECTION IV CERTIFICATION

This report must be certified, as follows: (a). By licensee, if an individual; (b). By the individual owning the reporting system if individually owned; (c). By a partner, if a partnership (general partner, if a limited partnership); (d). By an officer, if a corporation or an association; or (e). By an attorney of the licensee, in case of physical disability or absence from the United States of the licensee.

WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).

I certify to the best of my knowledge, information and belief, all statements contained in this report are true and correct.

Signed	Print Name RICK WOLF
Title VP, CORPORATE COUNSEL	Telephone No. (include area code) 210-832-33
Date 11/15/2000	

SECTION V EMPLOYEE DATA

A. FULL-TIME PAID EMPLOYEE DATA
[Full-Time Paid Employee Data]

SECTION V - EMPLOYEE DATA

FULL-TIME PAID EMPLOYEE DATA

		MALE					
	TOTAL (a-j)	WHITE (NOT	BLACK (NOT	HISPANIC (c)	ASIAN OR PACIFIC	AMERICAN INDIAN,	

	Job Categories		HISPANIC (a)	HISPANIC (b)		ISLANDER (d)	ALASKAN NATIVE (e)
1.	OFFICIALS & MANAGERS	5	2		1		
2.	PROFESSIONALS	18	4		8		
3.	TECHNICIANS	1	1				
4.	SALES WORKERS	7	2		1		
5.	OFFICE & CLERICAL	4			1		
6.	CRAFT WORKERS (SKILLED)						
7.	OPERATIVES (SEMI-SKILLED)						
8.	LABORERS (UNSKILLED)						
9.	SERVICE WORKERS						
10.	TOTAL	35	9		11		

FEMALE							
	Job Categories		WHITE (NOT HISPANIC) (f)	BLACK (NOT HISPANIC) (g)	HISPANIC (h)	ASIAN OR PACIFIC ISLANDER (i)	AMERICAN INDIAN, ALASKAN NATIVE (j)
1.	OFFICIALS & MANAGERS		1		1		
2.	PROFESSIONALS				6		
3.	TECHNICIANS						
4.	SALES WORKERS		1		3		
5.	OFFICE & CLERICAL				3		
6.	CRAFT WORKERS (SKILLED)						
7.	OPERATIVES (SEMI-SKILLED)						
8.	LABORERS (UNSKILLED)						
9.	SERVICE WORKERS						
10.	TOTAL		2		13		

B. PART-TIME PAID EMPLOYEE DATA
[Part-Time Paid Employee Data]

SECTION V - EMPLOYEE DATA

PART-TIME PAID EMPLOYEE DATA

		MALE					
	Job Categories	TOTAL (a-j)	WHITE (NOT HISPANIC) (a)	BLACK (NOT HISPANIC) (b)	HISPANIC (c)	ASIAN OR PACIFIC ISLANDER (d)	AMERICAN INDIAN, ALASKAN NATIVE (e)
1.	OFFICIALS & MANAGERS						
2.	PROFESSIONALS	6	2		2		
3.	TECHNICIANS						
4.	SALES WORKERS						
5.	OFFICE & CLERICAL						
6.	CRAFT WORKERS (SKILLED)						
7.	OPERATIVES (SEMI-SKILLED)						
8.	LABORERS (UNSKILLED)						
9.	SERVICE WORKERS						
10.	TOTAL	6	2		2		

		FEMALE					
	Job Categories		WHITE (NOT HISPANIC) (f)	BLACK (NOT HISPANIC) (g)	HISPANIC (h)	ASIAN OR PACIFIC ISLANDER (i)	AMERICAN INDIAN, ALASKAN NATIVE (j)
1.	OFFICIALS & MANAGERS						
2.	PROFESSIONALS		1		1		
3.	TECHNICIANS						
4.	SALES WORKERS						
5.	OFFICE & CLERICAL						
6.	CRAFT WORKERS (SKILLED)						
7.	OPERATIVES (SEMI-SKILLED)						
8.	LABORERS (UNSKILLED)						
9.	SERVICE WORKERS						
10.	TOTAL		1		1		

Additional Information [Exhibit 1]

Exhibits

EXHIBIT 3

Federal Communications Commission Washington, D.C. 20554		Approved by OMB 3060-0390 (April 2000)		FOR FCC USE ONLY CODE NO. B395B - 20001116AHI	
BROADCAST STATION ANNUAL EMPLOYMENT REPORT					
SECTION I					
Legal Name of the Licensee TICHENOR LICENSE CORPORATION					
Mailing Address 200 EAST BASSE ROAD					
City SAN ANTONIO			State or Country (if foreign address) TX		Zip Code 78209 - 8328
Telephone Number (include area code) 2108222828			E-Mail Address (if available)		
		Facility ID Number 36948		Call Sign KAMA	

SECTION II			
A. TYPE OF RESPONDENT:	Commercial Broadcast Station	Noncommercial Broadcast Station	Headquarters
	<input checked="" type="radio"/> Radio	<input type="radio"/> Educational Radio	<input type="radio"/> HQ
	<input type="radio"/> TV	<input type="radio"/> Educational TV	
	<input type="radio"/> Low Power TV		
	<input type="radio"/> International		

B. List call sign and location of all stations whose employees are on this report. This should include commonly owned stations which share one or more employees.

[Stations Locations]

Station List

List call sign and location of all stations those employees are on this report. This should include commonly owned stations which share one or more employees.

Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
KBNA	67065	<input checked="" type="radio"/> AM <input type="radio"/> FM <input type="radio"/> TV	EL PASO, TX

Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
KBNA	67066	<input type="radio"/> AM <input checked="" type="radio"/> FM <input type="radio"/> TV	EL PASO, TX

Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
KHEY	69561	<input checked="" type="radio"/> AM <input type="radio"/> FM <input type="radio"/> TV	EL PASO, TX

Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)

KHEY	69563	<input type="radio"/> AM <input checked="" type="radio"/> FM <input type="radio"/> TV	EL PASO, TX
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Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
KPRR	68688	<input type="radio"/> AM <input checked="" type="radio"/> FM <input type="radio"/> TV	EL PASO, TX

Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
KTSM	67771	<input checked="" type="radio"/> AM <input type="radio"/> FM <input type="radio"/> TV	EL PASO, TX

Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
KTSM	67762	<input type="radio"/> AM <input checked="" type="radio"/> FM <input type="radio"/> TV	EL PASO, TX

Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
KAMA	36948	<input checked="" type="radio"/> AM <input type="radio"/> FM <input type="radio"/> TV	EL PASO, TX

SECTION III

A. PAYROLL PERIOD COVERED BY THIS REPORT (DATE) 9/30/2000

B. CHECK APPLICABLE BOX

- ☐ Fewer than five full-time employees in employment unit during the selected payroll period (Complete page one only and certification statement and return to FCC)
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I certify to the best of my knowledge, information and belief, all statements contained in this report are true and correct.

Signed	Print Name RICK WOLF
Title VP, CORPORATE COUNSEL	Telephone No. (include area code) 210-832-33
Date	

SECTION V EMPLOYEE DATA

A. FULL-TIME PAID EMPLOYEE DATA

[Full-Time Paid Employee Data]

SECTION V - EMPLOYEE DATA

FULL-TIME PAID EMPLOYEE DATA

MALE							
	Job Categories	TOTAL (a-j)	WHITE (NOT HISPANIC) (a)	BLACK (NOT HISPANIC) (b)	HISPANIC (c)	ASIAN OR PACIFIC ISLANDER (d)	AMERICAN INDIAN, ALASKAN NATIVE (e)
1.	OFFICIALS & MANAGERS	13	9		1		
2.	PROFESSIONALS	19	9		4		
3.	TECHNICIANS	5		2			
4.	SALES WORKERS	17	4		2		
5.	OFFICE & CLERICAL	10			2		
6.	CRAFT WORKERS (SKILLED)						
7.	OPERATIVES (SEMI-SKILLED)						
8.	LABORERS (UNSKILLED)						
9.	SERVICE WORKERS						
10.	TOTAL	64	22		11		

FEMALE							
	Job Categories		WHITE (NOT HISPANIC) (f)	BLACK (NOT HISPANIC) (g)	HISPANIC (h)	ASIAN OR PACIFIC ISLANDER (i)	AMERICAN INDIAN, ALASKAN NATIVE (j)
1.	OFFICIALS & MANAGERS		3				
2.	PROFESSIONALS		4		1		1
3.	TECHNICIANS		1		2		
4.	SALES WORKERS		2	1	8		
5.	OFFICE & CLERICAL		2		6		
6.	CRAFT WORKERS (SKILLED)						
7.	OPERATIVES (SEMI-SKILLED)						
8.	LABORERS						

	(UNSKILLED)					
9.	SERVICE WORKERS					
10.	TOTAL	12	1	17		1

B. PART-TIME PAID EMPLOYEE DATA

[Part-Time Paid Employee Data]

SECTION V - EMPLOYEE DATA**PART-TIME PAID EMPLOYEE DATA**

		MALE					
	Job Categories	TOTAL (a-j)	WHITE (NOT HISPANIC) (a)	BLACK (NOT HISPANIC) (b)	HISPANIC (c)	ASIAN OR PACIFIC ISLANDER (d)	AMERICAN INDIAN, ALASKAN NATIVE (e)
1.	OFFICIALS & MANAGERS						
2.	PROFESSIONALS	15	2	2	6	1	
3.	TECHNICIANS	9	2	1	4		
4.	SALES WORKERS						
5.	OFFICE & CLERICAL	8	2	1	2		
6.	CRAFT WORKERS (SKILLED)						
7.	OPERATIVES (SEMI-SKILLED)						
8.	LABORERS (UNSKILLED)						
9.	SERVICE WORKERS						
10.	TOTAL	32	6	4	12	1	

		FEMALE				
	Job Categories	WHITE (NOT HISPANIC) (f)	BLACK (NOT HISPANIC) (g)	HISPANIC (h)	ASIAN OR PACIFIC ISLANDER (i)	AMERICAN INDIAN, ALASKAN NATIVE (j)
1.	OFFICIALS & MANAGERS					
2.	PROFESSIONALS	2		2		
3.	TECHNICIANS	1		1		
4.	SALES WORKERS					
5.	OFFICE & CLERICAL	2		1		
6.	CRAFT WORKERS (SKILLED)					

7.	OPERATIVES (SEMI-SKILLED)						
8.	LABORERS (UNSKILLED)						
9.	SERVICE WORKERS						
10.	TOTAL		5		4		

Additional Information [Exhibit 1]

Exhibits

EXHIBIT 4

Federal Communications Commission Washington, D.C. 20554		Approved by OMB 3060-0390 (April 2000)		FOR FCC USE ONLY CODE NO. B395B - 20001116ABY	
BROADCAST STATION ANNUAL EMPLOYMENT REPORT					
SECTION I					
Legal Name of the Licensee HBC LICENSE CORPORATION					
Mailing Address 200 EAST BASSE RD					
City SAN ANTONIO			State or Country (if foreign address) TX		Zip Code 78209 - 8328
Telephone Number (include area code) 2108222828			E-Mail Address (if available)		
Facility ID Number 34425			Call Sign KFI		

SECTION II			
A. TYPE OF RESPONDENT:	Commercial Broadcast Station		Noncommercial Broadcast Station
	<input checked="" type="radio"/> Radio		<input type="radio"/> Educational Radio
	<input type="radio"/> TV		<input type="radio"/> Educational TV
	<input type="radio"/> Low Power TV		
	<input type="radio"/> International		
		Headquarters <input type="radio"/> HQ	

B. List call sign and location of all stations whose employees are on this report. This should include commonly owned stations which share one or more employees.

[Stations Locations]

Station List

List call sign and location of all stations those employees are on this report. This should include commonly owned stations which share one or more employees.

Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
KHIS	58521	<input checked="" type="radio"/> AM <input type="radio"/> FM <input type="radio"/> TV	CANYON COUNTRY, CA

Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
KLAC	59958	<input checked="" type="radio"/> AM <input type="radio"/> FM <input type="radio"/> TV	LOS ANGELES, CA

Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
KTNQ	35673	<input checked="" type="radio"/> AM <input type="radio"/> FM <input type="radio"/> TV	LOS ANGELES, CA

Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)

KXTA	19219	<input checked="" type="radio"/> AM <input checked="" type="radio"/> FM <input type="radio"/> TV	LOS ANGELES, CA
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Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
K261	70039	<input type="radio"/> AM <input checked="" type="radio"/> FM <input type="radio"/> TV	NEW HALL, CA

Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
K280	14241	<input type="radio"/> AM <input checked="" type="radio"/> FM <input type="radio"/> TV	THOUSANDS OAKS, CA

Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
K292	34426	<input type="radio"/> AM <input checked="" type="radio"/> FM <input type="radio"/> TV	SIMI VALLEY, CA

Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
KACD	33902	<input type="radio"/> AM <input checked="" type="radio"/> FM <input type="radio"/> TV	SANTA MONICA, CA

Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
KBCD	33904	<input type="radio"/> AM <input checked="" type="radio"/> FM <input type="radio"/> TV	NEWPORT BEACH, CA

Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
KBIG	6360	<input type="radio"/> AM <input checked="" type="radio"/> FM <input type="radio"/> TV	LOS ANGELES, CA

Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
KCMG	35022	<input type="radio"/> AM <input checked="" type="radio"/> FM <input type="radio"/> TV	LOS ANGELES, CA

Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
KIIS	19218	<input type="radio"/> AM <input checked="" type="radio"/> FM <input type="radio"/> TV	LOS ANGELES, CA

Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
KKBT	70038	<input type="radio"/> AM <input checked="" type="radio"/> FM <input type="radio"/> TV	LOS ANGELES, CA

Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
KLVE	35086	<input type="radio"/> AM <input checked="" type="radio"/> FM <input type="radio"/> TV	LOS ANGELES, CA

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Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
KOST	34424	<input type="radio"/> AM <input checked="" type="radio"/> FM <input type="radio"/> TV	LOS ANGELES, CA

Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
KRCD	1025	<input type="radio"/> AM <input checked="" type="radio"/> FM <input type="radio"/> TV	INGLEWOOD, CA

Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
KRCV	19088	<input type="radio"/> AM <input checked="" type="radio"/> FM <input type="radio"/> TV	WEST COVINA, CA

Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
KSCA	24548	<input type="radio"/> AM <input checked="" type="radio"/> FM <input type="radio"/> TV	GLENDALE, CA

Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
KYSR	36019	<input type="radio"/> AM <input checked="" type="radio"/> FM <input type="radio"/> TV	LOS ANGELES, CA

Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
KFI	34425	<input checked="" type="radio"/> AM <input type="radio"/> FM <input type="radio"/> TV	LOS ANGELES, CA

SECTION III

A. PAYROLL PERIOD COVERED BY THIS REPORT (DATE) 9/30/2000

B. CHECK APPLICABLE BOX

- ☐ Fewer than five full-time employees in employment unit during the selected payroll period (Complete page one only and certification statement and return to FCC)
- ☒ Five or more full-time employees in employment unit during the selected payroll period (Complete all sections of form and certification statement and return to FCC)

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Signed	Print Name RICK WOLF
Title VP, CORP COUNSEL	Telephone No. (include area code) 2108323322
Date 11/15/2000	

[Full-Time Paid Employee Data]

		MALE					
	Job Categories	TOTAL (a-j)	WHITE (NOT HISPANIC) (a)	BLACK (NOT HISPANIC) (b)	HISPANIC (c)	ASIAN OR PACIFIC ISLANDER (d)	AMERICAN INDIAN, ALASKAN NATIVE (e)
1.	OFFICIALS & MANAGERS	60	33	2	4	1	1
2.	PROFESSIONALS	72	40	4	5		
3.	TECHNICIANS	40	21	6	7	2	
4.	SALES WORKERS	80	23	5	2	2	
5.	OFFICE & CLERICAL	88	14	2	13	3	
6.	CRAFT WORKERS (SKILLED)						
7.	OPERATIVES (SEMI-SKILLED)						
8.	LABORERS (UNSKILLED)						
9.	SERVICE WORKERS	1			1		
10.	TOTAL	341	131	19	32	8	1

		FEMALE				
	Job Categories	WHITE (NOT HISPANIC) (f)	BLACK (NOT HISPANIC) (g)	HISPANIC (h)	ASIAN OR PACIFIC ISLANDER (i)	AMERICAN INDIAN, ALASKAN NATIVE (j)
1.	OFFICIALS & MANAGERS	12	1	2	4	
2.	PROFESSIONALS	16	3	3	1	
3.	TECHNICIANS	1	1	2		
4.	SALES WORKERS	35	1	9	3	
5.	OFFICE & CLERICAL	26	4	14	10	2

	WORKERS				
5.	OFFICE & CLERICAL	19	2	9	4
6.	CRAFT WORKERS (SKILLED)				
7.	OPERATIVES (SEMI-SKILLED)				
8.	LABORERS (UNSKILLED)				
9.	SERVICE WORKERS				
10.	TOTAL	30	3	12	4

Additional Information [Exhibit 1]

Exhibits

EXHIBIT 5

Federal Communications Commission Washington, D.C. 20554		Approved by OMB 3060-0390 (April 2000)		FOR FCC USE ONLY CODE NO. B395B - 20001116AMG	
BROADCAST STATION ANNUAL EMPLOYMENT REPORT					
SECTION I					
Legal Name of the Licensee KLSQ-AM LICENSE CORP.					
Mailing Address 200 EAST BASSE ROAD					
City SAN ANTONIO			State or Country (if foreign address) TX		Zip Code 78209 - 8328
Telephone Number (include area code) 2108222828			E-Mail Address (if available)		
			Facility ID Number 36694		Call Sign KLSQ

SECTION II			
A. TYPE OF RESPONDENT:	Commercial Broadcast Station <input checked="" type="radio"/> Radio <input type="radio"/> TV <input type="radio"/> Low Power TV <input type="radio"/> International	Noncommercial Broadcast Station <input type="radio"/> Educational Radio <input type="radio"/> Educational TV	Headquarters <input type="radio"/> HQ

B. List call sign and location of all stations whose employees are on this report. This should include commonly owned stations which share one or more employees.

[Stations Locations]

Station List

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Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
KLSQ	36694	<input checked="" type="radio"/> AM <input type="radio"/> FM <input type="radio"/> TV	EAST LAS VEGAS, NV

SECTION III	
A. PAYROLL PERIOD COVERED BY THIS REPORT (DATE) 9/30/2000	
B. CHECK APPLICABLE BOX	
<input checked="" type="radio"/>	Fewer than five full-time employees in employment unit during the selected payroll period (Complete page one only and certification statement and return to FCC)
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(U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR
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I certify to the best of my knowledge, information and belief, all statements contained in this report are true and correct.

Signed	Print Name RICK WOLF
Title VP, CORPORATE COUNSEL	Telephone No. (include area code) 210-832-33
Date 11/15/2000	

SECTION V EMPLOYEE DATA**A. FULL-TIME PAID EMPLOYEE DATA**

[Full-Time Paid Employee Data]

B. PART-TIME PAID EMPLOYEE DATA

[Part-Time Paid Employee Data]

Additional Information [Exhibit 1]

Exhibits

EXHIBIT 6

Federal Communications Commission Washington, D.C. 20554	Approved by OMB 3060-0390 (April 2000)	FOR FCC USE ONLY CODE NO. B395B - 20001116AFA
BROADCAST STATION ANNUAL EMPLOYMENT REPORT		

SECTION I

Legal Name of the Licensee

CITICASTERS CO.

Mailing Address

200 EAST BASSE RD

City

SAN ANTONIO

State or Country (if foreign
address)

TX

Zip Code

78209 - 8328

Telephone Number (include area code)

2108222828

E-Mail Address (if available)

Facility ID Number

51514

Call Sign

KOGO

SECTION II**A. TYPE OF
RESPONDENT:**

Commercial Broadcast Station

☒ Radio☐ TV☐ Low Power TV☐ International

Noncommercial Broadcast Station

☐ Educational Radio☐ Educational TV

Headquarters

☐ HQ

B. List call sign and location of all stations whose employees are on this report. This should include commonly owned stations which share one or more employees.

[Stations Locations]

Station List

List call sign and location of all stations those employees are on this report. This should include commonly owned stations which share one or more employees.

Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
KPOP	34452	<input checked="" type="radio"/> AM <input type="radio"/> FM <input type="radio"/> TV	SAN DIEGO, CA

Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
KSDO	51166	<input checked="" type="radio"/> AM <input type="radio"/> FM <input type="radio"/> TV	SAN DIEGO, CA

Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
KGB	34454	<input type="radio"/> AM <input checked="" type="radio"/> FM <input type="radio"/> TV	SAN DIEGO, CA

Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
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KHTS	20697	<input type="radio"/> AM <input checked="" type="radio"/> FM <input type="radio"/> TV	EL CAJON, CA
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Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
KIOZ	13504	<input type="radio"/> AM <input checked="" type="radio"/> FM <input type="radio"/> TV	SAN DIEGO, CA

Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
KJQY	58821	<input type="radio"/> AM <input checked="" type="radio"/> FM <input type="radio"/> TV	SAN DIEGO, CA

Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
KLNV	51515	<input type="radio"/> AM <input checked="" type="radio"/> FM <input type="radio"/> TV	SAN DIEGO, CA

Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
KLQV	51164	<input type="radio"/> AM <input checked="" type="radio"/> FM <input type="radio"/> TV	SAN DIEGO, CA

Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
KMSX	67664	<input type="radio"/> AM <input checked="" type="radio"/> FM <input type="radio"/> TV	CARLSBAD, CA

Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
KPLN	59816	<input type="radio"/> AM <input checked="" type="radio"/> FM <input type="radio"/> TV	SAN DIEGO, CA

Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
KYXY	51671	<input type="radio"/> AM <input checked="" type="radio"/> FM <input type="radio"/> TV	SAN DIEGO, CA

Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
KOGO	51514	<input checked="" type="radio"/> AM <input type="radio"/> FM <input type="radio"/> TV	SAN DIEGO, CA

SECTION III**A. PAYROLL PERIOD COVERED BY THIS REPORT (DATE) 9/30/2000****B. CHECK APPLICABLE BOX**

- ☐ Fewer than five full-time employees in employment unit during the selected payroll period (Complete page one only and certification statement and return to FCC)
- ☒ Five or more full-time employees in employment unit during the selected payroll period (Complete all sections of form and certification statement and return to FCC)

SECTION IV CERTIFICATION

This report must be certified, as follows: (a). By licensee, if an individual; (b). By the individual owning the reporting system if individually owned; (c). By a partner, if a partnership (general partner, if a limited partnership); (d). By an officer, if a corporation or an association; or (e). By an attorney of the licensee, in case of physical disability or absence from the United States of the licensee.

**WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT
(U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR
CONSTRUCTION PERMIT**

(U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).

I certify to the best of my knowledge, information and belief, all statements contained in this report are true and correct.

Signed	Print Name RICK WOLF
Title VP, CORP COUNSEL	Telephone No. (include area code) 2108323322
Date 11/15/2000	

SECTION V EMPLOYEE DATA**A. FULL-TIME PAID EMPLOYEE DATA**

[Full-Time Paid Employee Data]

SECTION V - EMPLOYEE DATA**FULL-TIME PAID EMPLOYEE DATA**

		MALE					
	Job Categories	TOTAL (a-j)	WHITE (NOT HISPANIC) (a)	BLACK (NOT HISPANIC) (b)	HISPANIC (c)	ASIAN OR PACIFIC ISLANDER (d)	AMERICAN INDIAN, ALASKAN NATIVE (e)
1.	OFFICIALS & MANAGERS	37	22		1		
2.	PROFESSIONALS	72	49	2	6	1	
3.	TECHNICIANS	32	23	3	3	1	
4.	SALES WORKERS	70	33	1	3		
5.	OFFICE & CLERICAL	48	8	2	2		1
6.	CRAFT WORKERS (SKILLED)						
7.	OPERATIVES (SEMI-SKILLED)						
8.	LABORERS (UNSKILLED)						
9.	SERVICE WORKERS						
10.	TOTAL	259	135	8	15	2	1

		FEMALE				
	Job Categories	WHITE (NOT HISPANIC) (f)	BLACK (NOT HISPANIC) (g)	HISPANIC (h)	ASIAN OR PACIFIC ISLANDER (i)	AMERICAN INDIAN, ALASKAN NATIVE (j)
1.	OFFICIALS & MANAGERS	10		2	2	
2.	PROFESSIONALS	10	1	1	1	1
3.	TECHNICIANS	2				
4.	SALES WORKERS	30		2		1
5.	OFFICE & CLERICAL	25	2	4	4	
6.	CRAFT WORKERS (SKILLED)					
7.	OPERATIVES (SEMI-SKILLED)					
8.	LABORERS (UNSKILLED)					
9.	SERVICE WORKERS					
10.	TOTAL	77	3	9	7	2

B. PART-TIME PAID EMPLOYEE DATA

[Part-Time Paid Employee Data]

SECTION V - EMPLOYEE DATA**PART-TIME PAID EMPLOYEE DATA**

		MALE					
	Job Categories	TOTAL (a-j)	WHITE (NOT HISPANIC) (a)	BLACK (NOT HISPANIC) (b)	HISPANIC (c)	ASIAN OR PACIFIC ISLANDER (d)	AMERICAN INDIAN, ALASKAN NATIVE (e)
1.	OFFICIALS & MANAGERS						
2.	PROFESSIONALS	25	13	3	1	1	
3.	TECHNICIANS	30	21	2	2		
4.	SALES WORKERS						
5.	OFFICE & CLERICAL	42	11	1	9	3	
6.	CRAFT WORKERS (SKILLED)						
7.	OPERATIVES (SEMI-SKILLED)						
8.	LABORERS (UNSKILLED)	2	2				
9.	SERVICE WORKERS						

10. TOTAL	99	47	6	12	4	
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		FEMALE				
	Job Categories	WHITE (NOT HISPANIC) (f)	BLACK (NOT HISPANIC) (g)	HISPANIC (h)	ASIAN OR PACIFIC ISLANDER (i)	AMERICAN INDIAN, ALASKAN NATIVE (j)
1.	OFFICIALS & MANAGERS					
2.	PROFESSIONALS	7				
3.	TECHNICIANS	3	1	1		
4.	SALES WORKERS					
5.	OFFICE & CLERICAL	14	1	1	2	
6.	CRAFT WORKERS (SKILLED)					
7.	OPERATIVES (SEMI-SKILLED)					
8.	LABORERS (UNSKILLED)					
9.	SERVICE WORKERS					
10.	TOTAL	24	2	2	2	

Additional Information [Exhibit 1]

Exhibits

EXHIBIT 7

Federal Communications Commission Washington, D.C. 20554	Approved by OMB 3060-0390 (April 2000)	FOR FCC USE ONLY CODE NO. B395B - 20001116AGU
BROADCAST STATION ANNUAL EMPLOYMENT REPORT		

SECTION I		
Legal Name of the Licensee CLEAR CHANNEL BROADCASTING LICENSES, INC.		
Mailing Address 200 EAST BASSE ROAD		
City SAN ANTONIO	State or Country (if foreign address) TX	Zip Code 78209 - 8328
Telephone Number (include area code) 2108222828	E-Mail Address (if available)	
	Facility ID Number 11919	Call Sign KAJA

SECTION II			
A. TYPE OF RESPONDENT:	Commercial Broadcast Station	Noncommercial Broadcast Station	Headquarters
	<input checked="" type="radio"/> Radio	<input type="radio"/> Educational Radio	<input type="radio"/> HQ
	<input type="radio"/> TV	<input type="radio"/> Educational TV	
	<input type="radio"/> Low Power TV		
	<input type="radio"/> International		

B. List call sign and location of all stations whose employees are on this report. This should include commonly owned stations which share one or more employees.

[Stations Locations]

Station List

List call sign and location of all stations those employees are on this report. This should include commonly owned stations which share one or more employees.

Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
KCOR	67069	<input checked="" type="radio"/> AM <input type="radio"/> FM <input type="radio"/> TV	SAN ANTONIO, TX

Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
KQXT	11962	<input type="radio"/> AM <input checked="" type="radio"/> FM <input type="radio"/> TV	SAN ANTONIO, TX

Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
KROM	67071	<input type="radio"/> AM <input checked="" type="radio"/> FM <input type="radio"/> TV	SAN ANTONIO, TX

Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)

KSJL	210	<input checked="" type="radio"/> AM <input type="radio"/> FM <input type="radio"/> TV	SOMERSET, TX
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Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
KSJL	25904	<input type="radio"/> AM <input checked="" type="radio"/> FM <input type="radio"/> TV	DEVINE, TX

Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
KTKR	11945	<input checked="" type="radio"/> AM <input type="radio"/> FM <input type="radio"/> TV	SAN ANTONIO, TX

Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
KXTN	67070	<input checked="" type="radio"/> AM <input type="radio"/> FM <input type="radio"/> TV	SAN ANTONIO, TX

Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
KXTN	67064	<input type="radio"/> AM <input checked="" type="radio"/> FM <input type="radio"/> TV	SAN ANTONIO, TX

Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
KXXM	28668	<input type="radio"/> AM <input checked="" type="radio"/> FM <input type="radio"/> TV	SAN ANTONIO, TX

Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
WOAI	11952	<input checked="" type="radio"/> AM <input type="radio"/> FM <input type="radio"/> TV	SAN ANTONIO, TX

Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
KAJA	11919	<input type="radio"/> AM <input checked="" type="radio"/> FM <input type="radio"/> TV	SAN ANTONIO, TX

SECTION III

A. PAYROLL PERIOD COVERED BY THIS REPORT (DATE) 9/30/2000

B. CHECK APPLICABLE BOX

- ☐ Fewer than five full-time employees in employment unit during the selected payroll period (Complete page one only and certification statement and return to FCC)
- ☒ Five or more full-time employees in employment unit during the selected payroll period (Complete all sections of form and certification statement and return to FCC)

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I certify to the best of my knowledge, information and belief, all statements contained in this report are true and correct.

Signed	Print Name RICK WOLF
Title VP, CORPORATE COUNSEL	Telephone No. (include area code) 210-832-33
Date 11/15/2000	

SECTION V EMPLOYEE DATA

A. FULL-TIME PAID EMPLOYEE DATA

[Full-Time Paid Employee Data]

SECTION V - EMPLOYEE DATA

FULL-TIME PAID EMPLOYEE DATA

		MALE				
Job Categories	TOTAL (a-j)	WHITE (NOT HISPANIC) (a)	BLACK (NOT HISPANIC) (b)	HISPANIC (c)	ASIAN OR PACIFIC ISLANDER (d)	AMERICAN INDIAN, ALASKAN NATIVE (e)
1. OFFICIALS & MANAGERS	7	5				
2. PROFESSIONALS	39	23		5		
3. TECHNICIANS	4	3	1			
4. SALES WORKERS	42	12		2		
5. OFFICE & CLERICAL	16	1		3		
6. CRAFT WORKERS (SKILLED)						
7. OPERATIVES (SEMI-SKILLED)						
8. LABORERS (UNSKILLED)						
9. SERVICE WORKERS						
10. TOTAL	108	44	1	10		

		FEMALE				
Job Categories		WHITE (NOT HISPANIC)	BLACK (NOT HISPANIC)	HISPANIC (h)	ASIAN OR PACIFIC ISLANDER	AMERICAN INDIAN, ALASKAN

		(f)	(g)		(i)	NATIVE (i)
1.	OFFICIALS & MANAGERS	2				
2.	PROFESSIONALS	7	2	2		
3.	TECHNICIANS					
4.	SALES WORKERS	20	2	6		
5.	OFFICE & CLERICAL	10		2		
6.	CRAFT WORKERS (SKILLED)					
7.	OPERATIVES (SEMI-SKILLED)					
8.	LABORERS (UNSKILLED)					
9.	SERVICE WORKERS					
10.	TOTAL	39	4	10		

B. PART-TIME PAID EMPLOYEE DATA

[Part-Time Paid Employee Data]

SECTION V - EMPLOYEE DATA**PART-TIME PAID EMPLOYEE DATA**

		MALE					
	Job Categories	TOTAL (a-j)	WHITE (NOT HISPANIC) (a)	BLACK (NOT HISPANIC) (b)	HISPANIC (c)	ASIAN OR PACIFIC ISLANDER (d)	AMERICAN INDIAN, ALASKAN NATIVE (e)
1.	OFFICIALS & MANAGERS						
2.	PROFESSIONALS	25	13	3	6		
3.	TECHNICIANS						
4.	SALES WORKERS						
5.	OFFICE & CLERICAL	10	3		1		
6.	CRAFT WORKERS (SKILLED)						
7.	OPERATIVES (SEMI-SKILLED)						
8.	LABORERS (UNSKILLED)						
9.	SERVICE WORKERS						
10.	TOTAL	35	16	3	7		

		FEMALE					
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Job Categories	WHITE (NOT HISPANIC) (f)	BLACK (NOT HISPANIC) (g)	HISPANIC (h)	ASIAN OR PACIFIC ISLANDER (i)	AMERICAN INDIAN, ALASKAN NATIVE (j)
1. OFFICIALS & MANAGERS					
2. PROFESSIONALS	2	1			
3. TECHNICIANS					
4. SALES WORKERS					
5. OFFICE & CLERICAL	1	1	4		
6. CRAFT WORKERS (SKILLED)					
7. OPERATIVES (SEMI-SKILLED)					
8. LABORERS (UNSKILLED)					
9. SERVICE WORKERS					
10. TOTAL	3	2	4		

Additional Information [Exhibit 1]

Exhibits
